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APPLICANTS

Sujal M. Patel, Seattle, WA;
 Jeffrey M. Ayars, Federal Way, WA;
 Rahul Agarwal, Seattle, WA;
 Bradley D. Hefta-Gaub, Seattle, WA;
 Peter S. Haight, Berkeley, CA;
 Dale R. Stammen, Seattle, WA;
 Philip Rosedale, Seattle, WA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

61857

TITLE

SYSTEM AND METHOD FOR DETERMINING NETWORK CONDITIONS

FILING FEE RECEIVED 1830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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